

The Impact of Kundalini Yoga on Concepts and Diagnostic Practice in Psychology and Psychotherapy

Liane Hofmann

Abstract The teachings and practices of the Eastern spiritual and contemplative traditions have witnessed an enormous rise in popularity in Western society since the early 1980s at latest, and also been steadily propagated among the general public. Parallel to this, what is known as “spiritual crises” or “spiritual emergencies” have increasingly become the object of attention of the psychotherapeutic profession. The present article focuses on the way psychology throughout its history has studied and reflected on the intended goal of Kundalini Yoga, the so-called “*kuṇḍalinī* awakening,” and its influence on the current conceptualization and diagnosis of such spiritual crises. This example will be used to illustrate the input that psychology, and in particular its practical applications in psychotherapy and psycho-diagnostics, have received from culture-bound concepts and practices. The example of *kuṇḍalinī* awakening is a fine case in point for outlining the specific challenges and adaption processes, as well as some of the major developments in psychology, psychotherapy, and psycho-diagnostics that have recently emerged in response to the need to show greater consideration towards world views and culture-specific patterns of interpretation in the psychotherapeutic context, and as a result of the transcultural encounter of health- and development-related concepts and methodologies.

Introduction

With the increasing spread of psycho-spiritual practices in Western societies, a growing incidence of specific, clinically-relevant problems have come to be reported, which have been conceived of as “spiritual emergencies,” “transformational crises,” or “transpersonal disorders” by some exponents of transpersonal psychology. In this respect it has been pointed out that there is a need for extended

L. Hofmann (✉)

Department of Cultural Studies and Social Research, Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany

e-mail: hofmann@igpp.de

developmental psychological and psycho-diagnostic conceptualizations, as well as for more appropriate avenues of treatment. Over the years, this has led to a lively theoretical debate as well as an increase in research activities, which by now have produced initial results in the fields of psychological modeling, psychotherapeutic practice, and also psycho-diagnostics.¹ In this article, the so-called Kundalini syndrome, which experts in the field consider to be the most prevalent type of spiritual emergency, will be taken as a case in point to delineate the specific challenges and problems which the profession of psychology and psychotherapists in particular have had to face due to the import of practices, concepts, and world views from Asian spiritual traditions. This article will look at the history of psychology and undertake an analysis of the transcultural flows between the Indian Kundalini Yoga traditions and the proponents of modern, scientific psychology and psychotherapy from Europe and North America.² The focus will be directed at the developments arising from these encounters that have a bearing on psychotherapy and psycho-diagnostics.

To begin with, the concept of the ascent of the *kuṇḍalinī* (Skt.), as described in the Indian scriptures, will be briefly sketched. This will be followed by a closer look at some of the major historical stations and protagonists who played a part in the East–West transfers of the bodies of knowledge and the practices connected with Kundalini Yoga, on the one hand, and the characteristically Western disciplines of psychology and psychotherapy, on the other hand. More specifically, the protagonists include John Woodroffe, Carl Gustav Jung, Gopi Krishna, and Swami Muktananda. Clearly other people and organizations have been important in spreading the ideas and practices associated with the Indian concept of *kuṇḍalinī* in the West, and deserve attention as independent and complex socio-historical phenomena and as transcultural facilitators. The first to be mentioned here are the Theosophical Society, Yogi Bhanjan and the Healthy, Happy, Holy Organization, as well as Bhagwan Shree Rajneesh. But since their influence has been on more or less broad currents of society and less specifically on the academic discipline of psychology, a detailed discussion of their contributions would go beyond the scope of the present paper.

In a further step I shall comment on the concept of “spiritual emergency” as well as on some of the central objectives and models of transpersonal psychology that evolved from the late 1960s onward, and which are significant in our context. Among other things, this also includes some deliberations on the basic problems that arise when trying to classify such phenomena within Western culture and its popular psychological models. This will be followed by a section that will look at the clinical aspects and the relevant psycho-diagnostics. More specifically, this will consist of a brief phenomenological outline of the Kundalini syndrome and its

¹Galuska (2003), Grof and Grof (1989, 1990), Hofmann (2009), Lukoff et al. (1998), Nelson (1994), Scharfetter (1991), and Wilber et al. (1986).

²The term “Kundalini Yoga traditions” in the present article encompasses all the Indian spiritual traditions in which a central part is played by a systematic approach to the *kuṇḍalinī* energy and its awakening with the aim of transforming consciousness.

clinical symptoms, along with its most frequent triggers, as well as an exemplary case study. Furthermore, the current possibilities for a psycho-diagnostic classification of *kuṇḍalinī*-type experiences will be presented and discussed. To conclude, the article will present some basic reflections on the implications of the current growth in transculturality and their consequences for psychotherapy, as well as a critical evaluation of the developments that have been presented.

The Concept of Awakening *Kuṇḍalinī*

The term Kundalini Yoga refers to psychophysical techniques associated with the Tantric yoga tradition originating in India. The most meticulous expositions on *kuṇḍalinī* and its awakening are to be found in the Tantric texts and in the historical treatises dealing with *haṭhayoga*.³ This form of yoga is based on the assumption of a subtle energy system with *prāṇa* (vital force, life energy), chakras (Skt: *cakra*, energy centre, centre of consciousness, literally: wheel), and several *nāḍī* (energy channel, conduit, literally: pipe). This system is said to form the basis of all life and mental processes, and the deliberate manipulation of this energy is supposed to bring about a fundamental transformation of consciousness. The concept of *kuṇḍalinī śakti* (from *śak*, “to be able,” “empowered”; *kuṇḍal*, literally: coiled) refers to a spiritual, cosmic energy that is purported to reside at the base of the spine. It is regarded as a manifestation of the macrocosmic energy *mahāśakti* in the microcosmic dimensions of the human body. The image that is used is of a sleeping serpent resting at the base of the spine in the lowermost chakra, coiled so that its mouth seals the central channel (*suṣumnānāḍī*) that ascends up through the spinal column. Kundalini Yoga aims to rouse this spiritual force by means of spiritual practices: The *kuṇḍalinī* energy is then supposed to rise up the *suṣumnānāḍī* and to open or in fact awaken the individual chakras in a process known as *ṣaṭ cakra bheda*, the penetration of the chakras. This opening of the individual chakras is accompanied, so it is said, by specific experiences and paranormal faculties (Skt. *siddhi*). The goal of the process is the arrival of the *kuṇḍalinī śakti* at the “seventh chakra” (*sahasrāra*, the thousand-petalled lotus)—the abode of Shiva, of pure formless consciousness—and the union with this. For the yogi this means experiencing the merging of personal consciousness (*jīvātma*) with universal consciousness (*paramātman*), and thus the dissolution of duality in the state of *samādhi*. On reaching this goal, the yogi is considered to have attained *jīvanmukti*—liberation while still living. The liberation that is achieved by Kundalini Yoga is regarded in this tradition as a superior form because the central power of the body is awakened and the body is included in the process of transformation. But time and again the traditional texts contain words of warning that this path of consciousness transformation contains risks, and demands the appropriate instruction, preparation, and setting.⁴

³ Feuerstein (1990).

⁴ Chatterjee (2010), Feuerstein (1990), Pandit (1971), and Woodroffe (1964).

Proceeding from the fact, that the *kuṇḍalinī* experience is claimed to be based on universal structures of the body, Feuerstein suggests that this force has been experienced by mystics throughout the ages.⁵ However, only the Tantric writings have conceptualized this mysterious psycho-spiritual force in such a comprehensive and differentiated manner and have elaborated practical guidelines for the spiritual practitioner.⁶ The assumption that the *kuṇḍalinī* phenomenon is a universal process of psycho-spiritual transformation that transcends cultural borders, but which has led to various forms of specific, culturally-coded interpretations and practices, can be found throughout the literature.⁷

John Woodroffe and Carl Gustav Jung

The concept of *kuṇḍalinī* first came to the notice of the West through the life work of John Woodroffe and his translations of and commentaries on Tantric works, the most influential being *The Serpent Power* published in 1918. Woodroffe was born in England in 1865. He lived and worked in India for over 30 years, initially as a high court judge in Calcutta. Woodroffe published under the pen name “Arthur Avalon.” As Kathleen Taylor has shown, this pseudonym subsumed a group of authors consisting not only of John Woodroffe, but also of a number of Bengali mentors.⁸ Woodroffe became a recognized authority in the fields of Tantrism and Shaktism. According to Newcombe, his translations of the Tantric texts influenced the understanding of yoga throughout the entire twentieth century.⁹ In *The Serpent Power*, Woodroffe translated and commented on two Tantric texts (*Ṣaṭcakranirūpaṇa* and the *Pādukāpañcaka*) in which the power of *kuṇḍalinī* (*kuṇḍalinī śaktī*) is mentioned. For many Westerners, including Carl Gustav Jung, this work marked their entry into the mysterious, complex, and fascinating world of Tantrism and Kundalini Yoga.

The translation and dissemination of the first yoga texts in the Western world occurred at roughly the same time as the ascent of depth psychology.¹⁰ According to Shamasani, this presented a new and highly promising yardstick for comparing “Western” and “Eastern” bodies of thought. As he writes: the newly developing depth psychologies

thought to develop maps of inner experience grounded in the transformative potential of therapeutic practices. A similar alignment of “theory” and “practice” seemed to be

⁵ Feuerstein (1990, 189).

⁶ Ibid.

⁷ Greenwell (1990), Grof and Grof (1989, 1990), Krishna (1972), Madert (2007), Reinelt (2006), and Sanella (1987).

⁸ Taylor (2001).

⁹ Newcombe (2009, 990).

¹⁰ Shamasani (1996a).

embodied in the yogic texts . . . Hence an opportunity for a new form of comparative psychology opened up.¹¹

Likewise Carl Gustav Jung (1875–1961), the Swiss psychiatrist and founder of analytical psychology, began very early to develop an interest in the Asian traditions of Hinduism, Buddhism, Confucianism, and Taoism and to regard these among others as a culture-specific form of psychology. He attached great importance to the understanding and study of Eastern thought for the development and perfection of scientific psychology. As he wrote: “The knowledge of Eastern psychology namely forms the indispensable basis for a critique and an objective consideration of Western psychology.”¹² Jung’s own understanding of yoga was that of a natural process of introversion. He saw significant parallels between his own analytical psychology and yoga—especially Kundalini Yoga, Tantric Yoga, Lamaism, and Taoist Yoga. For Jung, these texts were a rich source of symbolic representations of inner experiences which had a special bearing on the interpretation of the collective unconscious and the understanding of the process of individuation.¹³ Accordingly, Jung was presumably the first renowned psychologist in the Western hemisphere to examine the topic of *kuṇḍalinī* in depth. In this way he contributed like no other to the growing reception of the corresponding world views and bodies of knowledge within the discipline of psychology.

In 1930 and 1931 Jung gave his first lectures on Kundalini Yoga and the symbolism of the chakras. However, his involvement in the topic of *kuṇḍalinī* was mainly brought to notice by his seminar on Kundalini Yoga in 1932 at the Psychological Club in Zurich, in cooperation with the Indologist Wilhelm Hauer. In this lecture, Jung tried to give a modern psychological interpretation of the chakras on the basis of John Woodroffe’s work *The Serpent Power*. The Indologist Hauer provided a philological and historical account, which served as the basis for Jung’s psychological interpretations of the material.¹⁴ The historian of psychology, Sonu Shamdasani, has noted that the presentation the audience received of Kundalini Yoga thus passed through three filters: firstly through John Woodroffe’s translations and commentaries, second through Hauer’s accounts, and finally through Jung—so it is little surprise that “the three were often at variance, both in their terminology and in their understanding of the processes involved.”¹⁵

One of the factors that contributed to Jung’s growing interest in Kundalini Yoga was that a client of his, a European who had spent her childhood in Java, reported having dreams which at first baffled him. Only after Jung had read *The Serpent Power* did the woman’s dreams begin to make sense to him. From then on he believed that the symbolism of Kundalini Yoga suggested that the curious visions and dreams which his clients sometimes reported could be attributed to the

¹¹ Shamdasani (1996a, xix).

¹² Jung, cited in Shamdasani (1996a, xivi).

¹³ Jung (1958, 537) and Shamdasani (1996a).

¹⁴ Shamdasani (1996a).

¹⁵ Shamdasani (1996a, xl).

awakening of *kuṇḍalinī*.¹⁶ With this, he was arguably the first renowned proponent of modern psychology to equate the interpretational scheme of *kuṇḍalinī* with complex and at times difficult psychological processes in individuals from Western societies.

An exhaustive critical evaluation of Jung's studies of Kundalini Yoga would exceed the scope of this article.¹⁷ In retrospect it may be said that Jung's psychological interpretations of Kundalini Yoga, irrespective of the fundamental esteem that has been shown towards this work, has also undergone considerable criticism.¹⁸ A frequently raised objection is that Jung reinterpreted the terms and concepts related to Kundalini Yoga solely in line with his own conceptual framework of analytical psychology, in particular with the process of individuation, so as to buttress his own theoretical edifice, but without doing proper justice to the indigenous understanding of these ideas. Especially in his understanding of the highest two chakras and their implications he seems to diverge from the patterns of interpretation and the evaluations found in their context of origin.¹⁹ Harold Coward summarized criticism of this kind as follows:

Jung's reinterpretation of Kuṇḍalinī Yoga in terms of his own psychological theory is an exceptional tour de force ... However with today's much better knowledge of Eastern thought, it is doubtful that Jung's "rope trick" of standing Kuṇḍalinī Yoga on its head and then lopping off the last two *chakras* as "superfluous speculations with no practical value" would be accepted. What Jung's "Commentary" accomplished then, and still does today, is to provide added insight into *his* understanding of the *process of individuation*, not an accurate description of Kuṇḍalinī.²⁰

Coward sees the merit of Jung's interpretation of Kundalini Yoga as lying chiefly in the deeper understanding of the individuation process it contributed to, and in its teasing out of several key points of similarity and differences between Western and Eastern ways of thinking.²¹ Shamdasani aptly concludes with respect to this debate: "However, the problems that confront Jung's interpretations at a more general level apply to other attempts to translate the terms of Kundalini yoga into modern concepts. In the course of such attempts the terms became hybridized, and the resultant blend is no longer distinctly 'Eastern' or 'Western'."²²

Jung distinguished himself with his highly complex and at times seemingly ambivalent approach to the Indian teachings of yoga. Although he showed great respect for the profundity of "Eastern thought," and stressed how crucial it was to

¹⁶ Shamdasani (1996a, xxvi) and Jung (1996).

¹⁷ The reader is referred to the finely nuanced analyses by Coward (1985), Schwery (1988), and Shamdasani (1996a).

¹⁸ Coward (1985), Hauer (1983), Krishna (1988), Madert (2007), Schwery (1988), and Shamdasani (1996a).

¹⁹ Jung (1996 (1932), 57).

²⁰ Coward (1985, 123).

²¹ Ibid.

²² Shamdasani (1996a, xlvi).

study it in order to gain a complete picture of human psychology, he was at the same time always highly critical when it came to an unquestioning acceptance of foreign developmental concepts and ideas and their application to Western acculturated people. He also warned Europeans from practicing these teachings uncritically.²³ Jung wrote for instance in a letter to his pupil Oskar Schmitz with reference to the comparison between the psychoanalytical method—as a means of self-improvement—and yoga:

It appears to me, however, as one must emphasize, that it is merely an analogy which is involved, since nowadays far too many Europeans are inclined to carry Eastern ideas and methods over unexamined into our occidental mentality. This happens, in my opinion, neither to our advantage nor to the advantage of those ideas.²⁴

Jung's argument was that although the introversion processes themselves are of a universal nature, culturally specific methods for facilitating them had been developed over long periods of time down the millennia. And he assumed that the methods of yoga did not suit the specific historical and cultural situation and the psychological structure of Europeans. Rather, his position was that, over the centuries, Western society would develop its own appropriate form of yoga, which would have to be done on the basis of Christian culture.²⁵ In this respect he pointed out that methods that were analogous to yoga and suited Europeans had, indeed, already been developed in the Western hemisphere, for instance the religious exercises of the church or the newly developing methods of psychotherapy. Of particular importance to Jung in this context was that European society was marked by a very specific factor—by which he meant the great divide between science and religion that had already begun in the fifteenth century. Colored by this historical split in the “Western mind,” as Jung saw it, the members of “Western civilization” were subject to an extreme conflict between “religious and scientific truth,” “between faith and knowledge.”²⁶ This specifically European frame of mind created in Jung's view fundamental difficulties for a holistic approach to grasping the universe, such as yoga has. And it was precisely this he felt was the reason for yoga's popularity—for here “a religious method recommends itself at the same time as ‘scientific’.”²⁷ Jung was of the opinion that from a psychological perspective, neither knowledge nor faith alone were sufficient.

This skepticism towards the use of yoga methods for the European was, however, not restricted to Jung, but was part of the general zeitgeist. Many of Jung's scientifically trained contemporaries who wrote on yoga were similarly critical about adopting yoga teachings and practicing them in the “West.” The question was constantly raised as to whether yoga was suitable for people steeped in European

²³ Jung (1958), Schwery (1988), and Shamdasani (1996b).

²⁴ Jung, cited in Shamdasani (1996a, xxi).

²⁵ Jung (1958 (1936), 537) and Shamdasani (1996a).

²⁶ Jung (1958 (1936), 532).

²⁷ Jung 1958 (1936), *ibid.*

culture, or indeed for the “European organism.”²⁸ Already at that time the question was also of whether yoga could be effectively employed in any way for Western people and if so, which of its elements.

Gopi Krishna

Another person who was a great driving force behind popularizing the idea of *kuṇḍalinī* awakening in Europe and America was Gopi Krishna (1903–1984). Krishna was born in 1903 in Srinagar, Kashmir. He worked as an administrative official at the Ministry of Education. In 1937, after long years of meditative practice, he experienced at the age of 34 something that he conceived of as the ascent of the *kuṇḍalinī* energy. This initiated an intensive and extremely challenging 12-year-long psycho-physiological process. Krishna describes this process in his autobiography *Kundalini: The Evolutionary Energy in Man* in which he provides the most comprehensive and most detailed case report of a *kuṇḍalinī*-type experience to this day.²⁹ Krishna’s autobiography was first published in India in 1967. This was followed shortly after by further editions in Great Britain and the United States. Since then the book has been translated into eleven languages.³⁰ Gopi Krishna’s personal “*kuṇḍalinī* experience” became the starting point of an intensive, lifelong quest for a systematic understanding of the underlying mechanisms and causes. Above all he was interested in the physiological basis of the *kuṇḍalinī* process. In his opinion, the phenomenon that the ancient Indian texts referred to as *kuṇḍalinī* awakening was a universal process not restricted to any one culture and underpinned the evolution of consciousness. This process, as Krishna believed, is as responsible for the development of creativity and genius as it is for religious and mystical experiences or, in the case of an aberrant development, even for certain forms of mental disorder.³¹ Krishna was also convinced that this process must have an empirically demonstrable physiological basis.

Krishna made numerous journeys to Europe and North America and spent large parts of his life championing a scientific examination of the *kuṇḍalinī* phenomenon. Above all, his exchanges with the renowned German physicist and philosopher Carl-Friedrich von Weizsäcker towards the end of the 1960s further contributed to Gopi Krishna’s recognition and the awareness of the *kuṇḍalinī* phenomenon in enlightened intellectual circles of the Western world. The encounter with von Weizäcker was reflected in Gopi Krishna’s work *The Biological Basis of Religion and Genius*, for which von Weizäcker wrote a lengthy introduction. Although von Weizäcker clearly recognized the shortcomings in the way that autodidact Gopi Krishna made use of science to analyze and present the phenomenon, and stated as

²⁸ Keyserling, cited in Shamdasani (1996a, xxx).

²⁹ Krishna (1967).

³⁰ See <http://www.icrcanada.org/gopikrishna.html> (accessed 21 September 2010).

³¹ Ibid.

much, the physicist felt that Krishna's experience and its implications were of such potential importance that he published the work in the series he edited together with Karl Friedrich von Basedow for the *Forschungsgesellschaft für östliche Weisheit und westliche Wissenschaft* (Research Association for Eastern Wisdom and Western Science). In his detailed introduction von Weizäcker wrote on his own concerns in this matter:

The problem arising here is that . . . [Gopi Krishna's] knowledge of European intellectual concepts and of modern science is autodidactic. He does not always clearly distinguish between the customary academic classification of a scientific doctrine and its more subtle meanings. He is therefore not always a competent analyst, but he is something far more important: he is an eyewitness to the truth he represents. . . . Those who know Western science are aware that it tends to confront almost exclusively only those problems for which it is theoretically prepared, at least in terms of the conceptual framework of the problem. What follows is intended to assist in such preparation.³²

Among other points, von Weizäcker notes in his introduction that concepts such as *prāṇa* or *kuṇḍalinī* pose considerable problems for Western natural sciences because, ever since Descartes, they have rested on the methodological foundations of the Cartesian split between consciousness and matter. Accordingly, concepts such as *prāṇa* or *kuṇḍalinī* have to be assigned either to the physical or to the mental realm. He then conjectured however that further insights might be gained from the newly developing field of quantum physics.³³

Swami Muktananda

The contribution that Swami Muktananda Paramhansa (1908–1982) made to introducing the concept of *kuṇḍalinī* to the minds and, above all, to the experiences of Western spiritual seekers, and also to its ever-increasing dissemination, was probably unmatched by any other spiritual teacher from the Indian subcontinent. The concept of *kuṇḍalinī śakti* and its awakening is regarded as one of the main intellectual pillars in a spiritual tradition known as Siddha Yoga, which draws on Kashmiri Shivaism and its foremost texts, the *Śivasūtra*.³⁴ According to this teaching, the awakening of *kuṇḍalinī* is induced by means of “shaktipāt”-initiation (from *śakti*—“power,” and *pāt*—“descent”). Here the term “shaktipāt” refers to the transmission of spiritual energy from a realized guru (*siddha*), whose *kuṇḍalinī* has already risen, to the disciple. In this way, so it is assumed, the disciple's dormant *kuṇḍalinī* is awakened and the spiritual process set in motion. Similarly, the further conducting of the process is said to occur above all on a subtle plane by means of

³² Weizäcker von (1972, 5 and 22).

³³ Weizäcker von (1972).

³⁴ Angelé (1994), Reinelt (2006), and Schwery (1988).

the guru's *śakti*. Central to this practice is devotion and orientation to the guru, and less so the performance of specific yogic methods.

The headquarters of the gurus in the Siddha Yoga tradition and of the Siddha Foundation set up in 1975 is an ashram in the Indian state of Maharashtra. Already in the late 1960s, a large number of wealthy Indian and an increasing number of American devotees were drawn to Swami Muktananda's ashram. They were partly responsible for the first wave of Muktananda's teaching spreading beyond the bounds of his immediate surroundings. A major step in Muktananda's growing fame in the West came when he began traveling to Europe, Singapore, Australia, and the United States. His journey in 1970—sponsored by the New York art dealer Albert Rudolph—was accompanied by the US American psychologist Richard Alpert.³⁵ Alpert had undertaken experiments with psychedelic substances in the 1960s at Harvard together with Timothy Leary, Ralph Metzner, and Allen Ginsberg, and later became known as a spiritual teacher in his own right under the name of Ram Dass.³⁶ During this journey to the United States, Muktananda signed a contract with Harper and Row for his autobiography, *Guru*, which later appeared in further editions under the title *Play of Consciousness*. Muktananda's first transcontinental journey led in turn to ever-growing throngs of Westerners traveling to his Indian Ashram. In 1974 Swami Muktananda took up an invitation from these followers and set out on another world tour. This time he spent all of two and a half years in the United States and gave many lectures. Among other addresses he reputedly spoke before 500 psychologists and psychotherapists at a convention in San Diego.³⁷ During this time Muktananda developed a special practice designed to fit the life world of his Western followers—the so-called “intensive.” An intensive consisted of a mixture of meditation, chanting, study of scriptures, and the recitation of mantras, which lasted over 24 h and even as long as several days. The climax of these intensives was the aforementioned “shaktipat”-initiation, which was supposed to awaken the disciple's *kuṇḍalinī*. In later years this “shaktipat” transmissions were also performed by Muktananda's personally authorized disciples.³⁸ By the late seventies and early eighties, Muktananda had also initiated a number of Western followers as swamis—the majority of whom came from the United States. What is remarkable about this is that, according to Angelé, the majority had academic backgrounds and included professors, doctors, art critics, computer scientists, journalists, and psychologists.³⁹ In the broader circles around Muktananda, in not only the United States and Europe, but also his ashram in Ganeshpuri, numerous Westerners experienced the psycho-physical effects of these “shaktipat” transmissions firsthand. Impressive descriptions of

³⁵ Angelé (1994).

³⁶ <http://www.ramdass.org/biography>, (accessed 10 June 2010); Angelé (1994).

³⁷ Angelé (1994) and Melton (2001).

³⁸ Angelé (1994), see also Reinelt (2006, 20).

³⁹ Angelé (1994, 12).

such experiences can be found not only in the autobiographical literature, but also in scientific reports on the subject.⁴⁰

Swami Muktananda also had closer contact with a number of renowned exponents of transpersonal psychology, such as Stanislav Grof, Richard Alpert, and Claudio Naranjo.⁴¹ These resulted among other things in a conference in 1982 organized in Bombay by the International Transpersonal Association in collaboration with the Siddha Yoga Foundation, entitled “Ancient Wisdom and Modern Science.” According to Grof et al., the conference focused on “bringing together spiritual teachers and new paradigm scientists to show the convergence of worldviews.”⁴² According to the authors’ report, over 700 people took part.

The Rise of Transpersonal Psychology and the Concept of Spiritual Emergency

A further crucial point in our story is marked by the development of transpersonal psychology, which emerged in the late 1960s from humanistic psychology as the so-called fourth force of the hitherto established psychotherapeutic schools.⁴³ The transpersonal school took its name from the fact that it chiefly dealt with what are termed “transpersonal” experiences. “Transpersonal” can best be understood in the literal sense—as going beyond the individual person.⁴⁴ This refers to experiences in which the sense of identity extends beyond the usual boundaries of the personality.⁴⁵ From its very beginnings, transpersonal psychology was strongly influenced by the contemplative traditions of Asia. Based on their approach to the human psyche, exponents of transpersonal psychology viewed the most influential psychotherapeutic schools of the time—behaviorism and psychoanalysis—as reductionist and too focused on psychopathology. By contrast, transpersonal psychology wanted to focus on the potential for human growth and on the so-called “farther reaches of human nature,”⁴⁶ and thereby also include the spiritual dimension of human nature in its theoretical models as well as research. Renowned representatives of transpersonal psychology and psychotherapy include Roger Walsh, Frances Vaughan, Charles Tart, Stanislav Grof, Ken Wilber, Abraham Maslow, and, in the European field, Roberto Assagioli and Karlfried Graf Dürckheim. Jung is also seen as a forerunner of transpersonal psychology. He was nominated as such posthumously

⁴⁰ Jones (1973), Muktananda (1971), Reinelt (2006), see also Ossoff (1993).

⁴¹ <http://www.nityanandatradition.org/lineage/muktananda-associates.html> (accessed 6 October 2010).

⁴² Grof et al. (2008, 56).

⁴³ Maslow (1968) and Suttich (1969).

⁴⁴ Vaughan (1982).

⁴⁵ Walsh (1992).

⁴⁶ Maslow (1971).

because he was one of the first Western psychologists who explicitly included the religious dimension of human experience in the framework of his analytical psychotherapy. As we have seen, Jung also distinguished between an individual or personal dimension of the unconscious, and a collective dimension that extends beyond cultural boundaries. He was also one of the first to use the term “transpersonal” in a systematic way to point out this specific feature of the collective unconscious of transcending the personal realm.⁴⁷

Among the central concepts originating in transpersonal psychology were several extended models of psychological development that followed the world’s contemplative traditions, mainly Eastern spiritual traditions. These models postulated that beyond the conventional, personal stages of development into a mature adult with an integrated personality, there is the possibility of a further development towards transpersonal stages of growth. These stages peak in a final state which, among others, is described in Eastern traditions in terms such as “enlightenment,” “liberation,” and “realization of the Buddha nature.”⁴⁸ This was new territory for the discipline of psychology, because up till then the focus of conventional psychology and psychotherapy had been on early childhood, pre-personal development up to the personal stages of development towards a mature adult personality, and the attendant developmental pathologies and their treatment, and because it had barely been concerned with the cultivation of altered or higher states of consciousness. The perfect complement to all this appeared to be the spiritual traditions of Buddhism and Hinduism, which were also discussed in the relevant literature as “Asian psychologies” or “consciousness disciplines.”⁴⁹ These had chiefly concerned themselves with the existential and transpersonal levels of human development and drawn up detailed maps of transpersonal states of consciousness. They also developed methods designed to induce and stabilize such states. In contrast, in these systems little knowledge can be found of the early phases of development from birth to adulthood and their possible disorders.⁵⁰

A further point to mention in this connection is that, along with the ongoing spread of psycho-spiritual practices in the 1970s and 1980s in Western societies, psychotherapeutic practitioners saw themselves increasingly confronted with specific, psychotherapeutically relevant problems that were difficult to classify according to the established psychological models and diagnostic schemata. Proponents of transpersonal psychology conceptualized these kinds of phenomena as “spiritual emergencies,” “transpersonal pathologies,” or “transformational crises.” Associated with this was a growing criticism of the various approaches and concepts that the psychological and psychiatric mainstream had to offer in this context: The representatives of these disciplines were accused of a lack of specific expertise, of inappropriately pathologizing such experiences, of suppressing their

⁴⁷ Walach et al. (2005).

⁴⁸ Wilber (1986a, b, c), Wilber et al. (1986), see also Washburn (1995).

⁴⁹ Walsh (1980, 1988).

⁵⁰ Ibid., Wilber et al. (1986).

inherent developmental potential, and even of causing iatrogenic harm by employing inappropriate treatment modalities.⁵¹ Instead of interpreting the phenomena at hand only in terms of the hitherto available psychopathological schemata—as regressive and pathological states—they should, according to transpersonal psychologists, be conceived of rather in terms of the extended developmental models which had recently become available—as a crisis of growth, as a difficult stage on the way towards a more comprehensive, transpersonal, or spiritual self-actualization.⁵² In this context, the distinction between pre-personal-regressive and transpersonal-progressive psychological states, as well as the drawing up of distinguishing criteria for assigning these phenomenologically kindred states, was viewed in particular as a genuine contribution by transpersonal psychology to developmental psychology and differential diagnostics. The subject came to be discussed in the literature under the concept of the “pre/trans-fallacy.”⁵³

Transpersonal psychology was further characterized by the fact that—with a view to its object of research—the paradigmatic presuppositions, as well as the research orientations and prevailing epistemological approaches of established academic psychology, were critically questioned. Since one of the key issues in transpersonal psychology was exploring spirituality as experienced reality, and was therefore directly related to the systematic exploration of consciousness and its possible states, the scientific approaches and methods that had held sway until then were deemed inadequate.⁵⁴ In order to improve matters, it was proposed to adopt more comprehensive means of securing knowledge within the framework of conventional mainstream psychology that would correspond more effectively with this specific topic of study.⁵⁵ In particular Roger Walsh worked out in this connection that—and in what way—the study of Asian consciousness disciplines from the perspective of Western behavioral science had led to a paradigm clash that hindered a proper understanding of the Asian traditions and a true evaluation of their implications.⁵⁶

Similarly the majority of transpersonal-oriented psychologists were of the opinion that scientific researchers should be familiar with the states they were investigating through their own experience. To their minds, in order to gain a deeper understanding of the states they were studying, it was not enough to simply acquire a theoretical, conceptual knowledge of the contemplative traditions and their practices: It was much more important that this had to be complemented by

⁵¹ Eg. Walsh and Vaughan (1993b). The actual relevance of clinical patterns of this kind is, however, hard to estimate because to this day representative data is available neither from the American nor the German fields.

⁵² Bragdon (1988), Grof and Grof (1989, 1990), Hood (1984), Walsh and Vaughan (1993b), and Wilber (1986a, b).

⁵³ Wilber (1980).

⁵⁴ Walach et al. (2005).

⁵⁵ Tart (1972), Walach et al. (2005), Walsh (1980, 1992), Walsh and Vaughan (1993b), and Walsh et al. (1980).

⁵⁶ Walsh (1980, 1988), see also Walsh et al. (1980).

personal inner experience. Reflecting this, Walsh writes that “there are limitations on understanding transpersonal experiences and insights without direct experience of them.”⁵⁷ In the case of purely observing these phenomena from the perspective of a mentally-, rationally-oriented ordinary waking state of consciousness, there is a danger of a state-specific bias, in the sense that the implications of the altered state of consciousness under investigation may be misinterpreted.⁵⁸ In doing so, there is also ultimately a risk of not gaining a sufficient grasp of the depths and subtleties of the philosophies and psychologies in the contemplative traditions.⁵⁹

Walsh has pointed repeatedly in this connection to the importance of what are termed “gnostic intermediaries.”⁶⁰ This term was coined by Jung in his introduction to Richard Wilhelm’s work *The Secret of the Golden Flower*. Jung referred here to Wilhelm’s personal ability to imbibe the knowledge of the “Eastern traditions” so deeply that he was able on the basis of his own experience to communicate it and translate it into the language and concepts of the culture he was addressing.⁶¹ According to Walsh, three elements and abilities are required before one can be termed a gnostic intermediary:

first one must imbibe and become the wisdom oneself, the second requirement is linguistic and conceptual competence of the people and culture to which they wish to communicate, third the gnostic intermediaries must be able to translate the wisdom from the wisdom bearing culture into the language and conceptual system of the recipient community.⁶²

This challenge is faced, as Walsh tells us, by all who wish to draw on the treasure trove of experience and wisdom of the contemplative traditions and to convey these to others. Many of the transpersonal psychologists, who could often draw on their own experiences with the Asian traditions of consciousness development, clearly regarded themselves as just such gnostic intermediaries and they expected to benefit from a mutual enrichment of the insights from Western and Eastern psychologies. The underlying assumption was that the two epistemologies and ways of seeing could fruitfully augment one another to yield an all-embracing picture of the possible stages of self-development, the specific vulnerabilities associated with each of them, as well as the state-specific psychopathologies that might ensue from them.⁶³

⁵⁷ Walsh (2009, 115).

⁵⁸ See here Charles Tart’s (1972) much-regarded article in *Science*, “States of Consciousness and State-Specific Sciences.”

⁵⁹ Walsh (1980).

⁶⁰ Walsh (1992, 2009).

⁶¹ Walsh (1992).

⁶² Summarized after Walsh (2009, 116).

⁶³ Walsh (1992), Walsh and Vaughan (1993a), and Wilber et al. (1986).

The Symptomatology of the Kundalini Syndrome

The literature pertaining to psychotherapy from North America and Europe, especially that from the broader field of transpersonal psychology, began in around the early 1990s to report an increasing incidence of specific clinically relevant patterns of phenomena, which were, according to the authors, reminiscent of what is described in the Indian yoga literature as *kuṇḍalinī* awakening. Some exponents of transpersonal psychology even regard such *kuṇḍalinī*-type experiences as the most prevalent type of “spiritual emergency.”⁶⁴ The spread of the concept among interested academics was above all fanned by the publication of the book *Kundalini Psychosis or Transcendence* by the psychiatrist Lee Sanella, as well as by an anthology entitled *Kundalini Evolution and Enlightenment* by John White.⁶⁵ In addition, in their works *Spiritual Emergency. When Personal Transformation Becomes a Crisis* and *The Stormy Search for the Self: A Guide to Personal Growth through Transformational Crisis*, Stanislav and Christina Grof introduced the concept of spiritual emergency in a popular psychology book that made it accessible to specialists and laypeople alike.⁶⁶ In these works the phenomenon of the *kuṇḍalinī* awakening was also introduced as a manifestation of spiritual emergency and described in more detail. The main characteristics of such a *kuṇḍalinī*-type set of symptoms are a plenitude of somato-sensory or “energy” phenomena, especially moving along the spine, a broad spectrum of psycho-vegetative phenomena and complaints, unusual perceptions, primarily of an acoustic and visual nature, spontaneous involuntary body movements, spontaneous alterations of consciousness, and also profound spiritual experiences.

The evocation of *kuṇḍalinī*-type processes in “Westerners” is in most cases connected with psycho-spiritual practices or a spiritual life context. In the case histories or in the phase immediately preceding, we can often find psycho-spiritual practices related to yoga, e.g. meditation, breathing exercises (*prāṇāyāma*), posture practice (*āsana*), the performance of *mudrā* (hand gesture), *bhanda* (muscle locks), visualizations or concentration on certain “centers” in the body. But the triggers for these processes are by no means restricted to yoga practices. Equally other cultural forms of meditation, body-oriented approaches, or breathing exercises may be involved. Generally the people concerned report that for several years they had been practicing a mixture of different forms of psychotherapeutic self-experience, diverse body-oriented methods which are meant to influence purported subtle energies, as well as different kinds of spiritual practice. Given the frequent connection between these phenomena and a spiritual orientation and practice, and that similar patterns of phenomena have mainly been reported to date in yoga literature, this clinical picture has also been referred to and conceived of by a number of

⁶⁴ Grof and Grof (1990) and Bragdon (1988).

⁶⁵ Sanella (1987) and White (1979).

⁶⁶ Grof and Grof (1989, 1990).

authors as the Kundalini syndrome.⁶⁷ Cross-cultural anthologies and/or analyses of such cases of a purported *kunḍalini* awakening have been presented by Sanella, Greenwell, and also Hofmann.⁶⁸ To give an impression of what the picture of *kunḍalini*-type clinically-relevant symptoms might look like, I would like to quote a case described by the American psychiatrist John Nelson:

Patricia, a 27-year-old artist and musician, was referred to me by her family physician for “vague, poorly localized somatic complaints suggestive for hysteria or incipient psychosis.” Patricia said that her symptoms began shortly after she began practicing a meditation technique that required her to curl her tongue backward and hold it tightly against the roof of her mouth. As she adopted this unusual posture, known to experienced yogis as a potent way to alter consciousness, she also increased her meditation time from one to two hours a day.

Patricia’s symptoms began with a dull ache in the area of her anus. As the sensation gradually moved up her back, it turned into a fiery pain, “as if someone were running a blowtorch up my spine.” . . . She also described a peculiar feeling of being “tickled from inside,” and she felt compelled to twist her neck and torso at odd angles to relieve the inner itch. On occasion her tongue would spontaneously draw back in her mouth as in her meditation posture, and her hands would contort into odd positions, something like the mudras portrayed in statues of Hindu and Buddhist deities. At this point Patricia’s physician tested her for colitis, epilepsy, pelvic inflammatory disease, and a pinched spinal nerve, with negative findings.

Patricia reported that along with her physical symptoms she began having vivid dreams of jungle scenes with large boa constrictors winding themselves around her and slowly crushing her. Sometimes these images would appear while she was awake and frighten her. She also heard loud hissing sounds, like those made by snakes. She reported other disturbing experiences that she called “imagination,” but she refused to describe these further . . . Never having encountered such a bewildering and disconnected array of symptoms before, I naively feared that she might be developing a schizophrenic condition. After discussing the pros and cons with her, I decided to offer her a trial on the neuroleptic medicine Haldol.

This medicine did not alleviate Patricia’s symptoms, but made her feel much worse—depressed, confused, unable to concentrate, more restless than ever. Just as I was about to inform her that I was unable to determine the cause of her symptoms and was therefore obliged to refer her to the university medical center for further tests, I attended a humanistic-psychology conference where Dr. Sanella described the symptoms of the Kundalini experience. This led me to read the early self-published version of his book and to read Gopi Krishna’s personal account of his similar experience. These prompted me to suggest that Patricia temporarily reduce her meditations to an hour a day, cease using the folded-tongue posture and temporarily add some fish to her strict vegetarian diet. I also suggested that she take up running or swimming to balance her meditations. She conformed reluctantly, but enjoyed an immediate relief of the more unpleasant of her symptoms. We both agreed that she had little need for further psychiatric treatment.⁶⁹

⁶⁷ Greyson (1993), Nelson (1994), and Thalbourne and Fox (1999).

⁶⁸ Greenwell (1990), Hofmann (1995), and Sanella (1987).

⁶⁹ Nelson (1994, 273–274).

Clinical Assessment of a *Kuṇḍalinī*-Type Syndrome

In earlier editions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) there was no appropriate category for classifying *kuṇḍalinī*-type clinical problems. Only from 1994 onwards (the fourth edition) do we find some innovations that could be referred to.⁷⁰ One of them is the recently included V-code category of “religious or spiritual problem[s]” (V 62.89), the other is the “glossary of culture bound syndromes.” Both categories have emerged from the need to show greater consideration towards cultural factors in psycho-diagnostics and treatment in which religious beliefs and patterns of interpretation play a central part. In the past, the DSM was repeatedly criticized for neglecting psychosocial and cultural factors that have a major bearing on patterns of mental health and pathology and their definition. In their place were decontextualized clusters of symptoms, described independently of the meaning and influence of the respective cultural backgrounds. This was seen by a number of scholars as detrimental. Moreover, the DSM is increasingly used for an ethnically diverse patient population, with religion and spirituality being perceived by a number of mental health professionals as among the most important cultural factors.⁷¹

The Rise of *Kuṇḍalinī* as a “Religious or Spiritual Problem”

The diagnostic category “religious or spiritual problem” is included in the DSM-IV in the section entitled “other conditions that may be a focus of clinical attention.”⁷² This category is meant to delineate problematic patterns of spiritual and religious experience that are the focus of psychiatric treatment or diagnosis, but which are not necessarily attributable to a mental disorder. The advantage of this kind of V-code is above all that attention can be directed to topic areas and forms of experiences, which can be exceptionally problematic and stressful, without designating them from the outset as having the character of a disorder.

The proposal to include such a category of religious or spiritual problems was submitted in 1991 by the clinical psychologists and psychiatrists David Lukoff, Francis Lu, and Robert Turner. According to them, their point of departure was that a line of evidence points to a lack of regard in clinical training, research, theory, and practice for areas of experience connected with religion and spirituality.⁷³ Even if the word “kundalini” is not mentioned in any way in the category description in the DSM-IV, the proponents who moved for this category to be included explicitly named *kuṇḍalinī awakening* in a subsequent article as a possible example of such a

⁷⁰ American Psychiatric Association (1994).

⁷¹ Lukoff et al. (1992, 1995).

⁷² American Psychiatric Association (1994).

⁷³ Lukoff et al. (1992).

religious or spiritual problem.⁷⁴ Moreover, the authors point out that the impetus to include this category came from transpersonal diagnosticians and the spiritual emergency movement.⁷⁵ In their opinion, one could categorize the milder but nevertheless problematic patterns of symptoms that constitute spiritual crises (including the *kunḍalini*-type experience) as a non-pathological and purely spiritual problem. Nevertheless, as the authors note, crises of this kind may also take a difficult turn and precipitate forms of mental disorders or aggravate already existing disorders.⁷⁶

The inclusion of the category “religious or spiritual problem” in the DSM has, in the view of the proponents, various merits and far-reaching implications for psychotherapy and research. In concrete terms, the benefits brought by this category are as follows:

- The recognition of the category grants the possibility of improving the precision of diagnostic assessment as regard spiritual and religious issues.
- The occurrence of iatrogenic harm resulting from incorrectly diagnosed religious and spiritual problems can be reduced.
- The category could lead to improved treatment for these problems by stimulating clinical research.
- Clinical training centers might be encouraged in this way to pay attention to the religious and spiritual dimensions of human experience.
- By establishing this new category, the clinicians’ attention will be directed to literature that has a bearing on religious and spiritual problems.
- The category contributes to a greater cultural sensitivity.⁷⁷

The establishment of such a category, the wording of which continues to be rather vague, is thus a mirror of the current state of the research on this subject and can only be further differentiated and clarified by additional research.

The Rise of *Kunḍalini* as a Culture-Bound Syndrome

In addition to the foregoing, there are also points of reference between the *kunḍalini* phenomenon and the newly established glossary of “culture-bound syndromes.” As stated in DSM-IV, the term culture-bound syndrome denotes

recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns are indigenously considered to be “illnesses,” or at least afflictions, and most have local names . . . culture-bound syndromes are generally limited to specific societies or culture

⁷⁴ Turner et al. (1995).

⁷⁵ Lukoff et al. (1998).

⁷⁶ Turner et al. (1995).

⁷⁷ Summarized after Lukoff et al. (1992, 1995); as well as after Turner et al. (1995).

areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations. There is seldom a one-to-one equivalence of any culture-bound syndrome with a DSM diagnostic entity. Aberrant behavior that might be sorted by a diagnostician using DSM-IV into several categories may be included in a single folk category.⁷⁸

The knowledge of such culture-bound symptom patterns and culture-specific patterns of interpretation should ensure a culture-sensitive approach to patients who belong to a different ethnic or cultural background to that of the diagnostician using the DSM.⁷⁹ In the case of a culture-bound syndrome, the diagnostician is called on to consider the connection between the syndrome in question and the relevant DSM disorder categories. This also includes the new category of religious and spiritual problems. According to the DSM-IV, some of the culture-bound syndromes span a spectrum from normal forms of affliction that are not accompanied by mental disorders to symptom presentations that are linked with the diagnosis of a mental disorder. As stated in the DSM, all industrialized countries have in the meantime come to include self-contained subcultures that may evince culture-bound syndromes. The DSM lists 23 of the best studied culture-bound syndromes, giving the names of the conditions, the cultures (here countries) in which they were first described, along with a brief description of the salient psychopathological features.⁸⁰ One of these syndromes is the “qi-gong psychotic reaction.”⁸¹ At particular risk here according to the DSM are people who are overly involved in the practice of qi-gong.⁸² The DSM does not mention at this point whether the syndrome has also been observed among people who are not of Chinese extraction. This indicates, however, that culture-bound syndromes must not necessarily be restricted to geographic areas or to members of specific ethnic groups, but can equally manifest in all societies, within the specific subcultures in which the relevant practices are found.⁸³ In addition, the culture-specific interpretational schemata, associated with these practices and processes, are also often adopted—at least in the relevant subcultures.

⁷⁸ American Psychiatric Association (1994, 844).

⁷⁹ Ibid., xxiv.

⁸⁰ Ibid.

⁸¹ According to the DSM, the “qi-gong psychotic reaction” refers to an “acute, time-limited episode characterized by dissociative, paranoid, or other psychotic or nonpsychotic symptoms that may occur after participation in the Chinese folk health-enhancing practice of qi-gong (‘exercise of vital energy’)” (ibid, 847).

⁸² According to the DSM, this diagnosis is listed in the Chinese Classification of Mental Disorders (ibid.).

⁸³ Thus, for example, an article in a special qi-gong issue of the German language magazine *DAO Magazin fernöstlicher Lebens-Kunst* reports on an increased incidence of clinical phenomena triggered by the practice of a special form of qi-gong that had many adherents in the early 1980s. According to the author, this led to a drop in the number of people who practiced this particular form of qi-gong. Both the description of the phenomenon as well as the “traditional” interpretational schemata associated with these practices (releasing energy blockages etc.), evince strong parallels with those of the *kundalini* phenomenon (Engelhard 1994).

Ultimately this means that at least this form of what is termed by the DSM a culture-specific syndrome tends gradually to expand and become a transcultural phenomenon—both regards the symptoms themselves as well as the interpretation of the processes involved.

On the Transculturality of Patients

In his article on the concept of “transculturality,”⁸⁴ the philosopher Wolfgang Welsch emphasizes that transcultural phenomena are not only identifiable on a macro-social level, but also in the form of a transcultural formation of the individual, or to put it in other words—an “internal transculturality.”⁸⁵ As he writes: “One should not simply say that present-day societies bring together different cultural models (‘cultural diversity’), but pay attention rather to the fact that individuals today are influenced by a number of cultural patterns and bear the imprint of different cultural elements.”⁸⁶ Following Welsch, ultimately we as people of the twenty-first century have all in this sense become wanderers between different cultural worlds. And this is true especially for seekers in Europe or North America who have embraced Asian philosophies and systems of belief and interest themselves in “meditational” or “denominational yoga” in their striving to achieve psycho-spiritual transformation.⁸⁷ These people must be seen far more as wanderers between the worlds (in Welsch’s sense) than those who chiefly practice yoga as gymnastics, mindful fitness, or as means for fostering health, because these approaches aim essentially at a fundamental transformation of our experience and of our understanding of self and world.⁸⁸ Western psychology and psychotherapy is thus faced with the challenge of finding suitable ways to address the clinical problems that are potentially linked with such processes. This calls not only for a specific expertise with regard to the possible effects of spiritual practices, but also for a sensitive approach to the interpretational schemata and world views associated with these. However, to date the subject of “cultural sensitivity” has primarily been discussed under the aspect that, with the growing multicultural nature of Western societies, psychotherapists have to treat an increasing number of people from other nations and ethnic groups. The problem of an inherently hybrid or transcultural

⁸⁴ Unlike the geographically and extensionally determined concept of culture that held sway for so long, Welsch’s concept of “transculturality” is marked by the interpenetration and interweaving of cultural contents—as for instance daily routines, social etiquette, beliefs, or world views—across various areas divided in terms of their geography and national identity.

⁸⁵ Welsch (2009), see also Welsch (1999).

⁸⁶ German original, *ibid.*, 47.

⁸⁷ The categories “meditational” and “denominational yoga” were suggested by De Michelis (2008).

⁸⁸ See Walsh (1988).

personality, in the sense of the “internal transculturality,” has scarcely been taken into account.

The Indologist and professor of religious studies Michael von Brück has noted, in connection with the employment of methods from Asian medicinal systems, just how important it is for a person’s health to be able to create consistent interpretations in their world views and images of man. In his opinion, too great a disparity between various cultural systems of interpretation will encourage pathological developments. As he writes, “Disintegrated intellectual structures in which self-image, interpretation of society, images of the world and the meaning of the whole diverge wildly not only lead to a chaos of differing information and an inability to orientate oneself, but are also pathogenic.”⁸⁹ So it seems to be more than just an intellectually stimulating question when we ask how the systems of knowledge in Asian traditions can be meaningfully incorporated into the conceptual frameworks of science, and what are the possible interfaces between “Western” psychology and the “Eastern” spiritual traditions or “consciousness disciplines.” Indeed, this is an urgent question, given the transcultural developments throughout society and their impact on the individual.

However, the attempt to uphold cultural divisions between Western and Eastern world views and practices, as was still advocated in Jung’s days, seems to have been washed aside long ago by the tide of time. The philosopher Welsch likewise thinks that holding on to cultural divisions and cultural diversity is an atavism. In his opinion, “cultural evolution” always includes the demise or at least an altered continuation of cultural forms. And it is precisely through this, according to Welsch, that “cultural evolution” distinguishes itself: It “lives not from the ideals of conservation, as in a museum, but through the pressure of historical surpassing and historical disappearance.”⁹⁰ Welsch hypothesizes that humankind is currently entering a phase marked by a lessening of cultural differences. In this process, the cultural patterns which have developed as a result of cultural differentiation are undergoing a process of increasing mutual interpenetration and entanglement. The resulting blending of cultural patterns is leading to a situation in which humanity is developing more points in common than was true of the previous phases, when difference was emphasized. As he puts it, “transculturality seems to be leading to a novel cultural communality.”⁹¹ The involvement with the *kuṇḍalinī* phenomenon and its translation into systems of concepts as well as a terminology that suit the times seems to be one such joint enterprise performed by the adherents of both the “Western” and “Eastern” psychologies.

⁸⁹ German original, Brück (2009, 42).

⁹⁰ German original, Welsch (2009, 61), see also Welsch (1999).

⁹¹ German original, Welsch (2009, 62).

A Few Concluding Remarks

A finely teased-out analysis of transpersonal psychology, the concept of spiritual emergency, and the DSM code for a “religious or spiritual problem,” as well as their historical developments and current implications, was beyond the scope of the present article.⁹² But this much may be said: even if transpersonal psychology and the concept of spiritual emergency are outside the scientific mainstream, they, together with the findings from meditation research, have nevertheless contributed to a more differentiated state of knowledge and an intensified discussion of such phenomena and their clinical and psychotherapeutic implications.⁹³

The new V-code in the DSM which this has prompted has, on the one hand, the merit of offering the possibility of a non-pathological category for a spiritual or religious problem. On the other hand, it is now recognized that such problems may also coexist with conditions of mental disorder. This amounts to an acknowledgement of the reality that is frequently faced by psychotherapeutic practitioners in their day-to-day clinical work, and to which insufficient justice was done by the concept of the spiritual emergency, with its tendency to polarize growth processes on the one side, and pathology on the other. The potential that resides in this code lies in the fact that the general sensitivity to the topic is thus increased. Over and beyond this, attention is more strongly directed to the relevant therapeutic literature and theoretical models.

As far as the subject of *kuṇḍalinī* is concerned: it turns out that despite the transcultural appropriation of the *kuṇḍalinī* concept—at least within certain subcultures in Western society—the associated phenomena continue to resist their seamless transfer and inclusion into scientific concepts and systems. The basis of such “energy phenomena” continues to remain unexplained by the natural sciences. Similarly the ontological status of such a subtle life force, as postulated by many Asiatic traditions, remains contested from the scientific perspective.⁹⁴ According to von Brück, salvation and healing concepts from various cultures rest on “different views held by people and the systems in which they are embedded.” He recommends that we conceive of them as different approaches to a complex reality “that we have yet to fully understand.” Even if different ways of seeing are not totally compatible, they might “augment and complement each other, until perhaps in the future a higher level framework will be identified on which the contradictions are resolved.”⁹⁵ It is possible that this is an attitude that will also prove conducive when approaching the *kuṇḍalinī* phenomenon.

⁹² See in this connection Hofmann (2009); for a critical analysis of transpersonal psychology see Ferrer (2002) and Walach et al. (2005).

⁹³ On the findings on meditation research with implications for clinical practice see Scharfetter (1991), Wilber et al. (1988), and Shapiro and Walsh (1984).

⁹⁴ Benor (2004) and Madert (2007).

⁹⁵ German original, Brück (2009, 45–46).

As we have seen and as was to be expected, the encounter with the concepts originating in Kundalini Yoga literature has not profoundly modified the discipline of psychology or the practice of psychotherapy. Nor can we say that it was a direct path from the concepts and the practices associated with the rising of *kuṇḍalinī* to the changes we can now observe in the fields of psychology, psychotherapy, and psycho-diagnostics. It is rather the case that the conceptualization of *kuṇḍalinī* is just one piece of jigsaw among many, but nevertheless an important one. Over the years these pieces have contributed to one or another aspect that has changed in these fields. This can especially be seen in a greater sensitivity regarding cultural factors, of which religious beliefs and practices are a central component.

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